

VZCZCXRO9101
PP RUEHBC RUEHDE RUEHKUK
DE RUEHDIR #0169/01 1041055
ZNY CCCCC ZZH
P 141055Z APR 09
FM RPO DUBAI
TO RUEHC/SECSTATE WASHDC PRIORITY 0388
INFO RHEHAAA/NSC WASHINGTON DC
RUEIDN/DNI WASHINGTON DC
RUEAIIA/CIA WASHDC
RUEKJCS/SECDEF WASHINGTON DC
RUEABND/DEA HQS WASHDC
RUMICEA/USCENTCOM INTEL CEN MACDILL AFB FL
RUCNIRA/IRAN COLLECTIVE
RUEHAD/AMEMBASSY ABU DHABI PRIORITY 0318
RUEHDIR/RPO DUBAI 0389

C O N F I D E N T I A L SECTION 01 OF 02 RPO DUBAI 000169

SIPDIS

DEPARTMENT PLEASE PASS INL FOR SADGHIANI

E.O. 12958: DECL: 4/14/2019

TAGS: [SNAR](#) [PGOV](#) [SOCI](#) [IR](#)

SUBJECT: DRUG USE IN IRAN DECLINING, U.S. MODEL CREDITED

DUBAI 00000169 001.2 OF 002

CLASSIFIED BY: Ramin Asgard, Director, Iran Regional Presence
Office, DOS.

REASON: 1.4 (b), (d)

¶1. (C) Summary: A medical professor who consults for the IRIG on drug treatment and prevention programs said that demand reduction programs are showing results in reducing drug use in Iran. He said that Iran now models many of its demand reduction and addiction treatment efforts on programs developed by the U.S.'s National Institute on Drug Abuse and suggested that collaboration with this organization, as well as between medical universities, would be welcome by Iran. He also observed that the UNODC office in Tehran is well-regarded and has a good working relationship with the government. Though happy to speak in generalities about the problem of drug abuse in Iran, he shied away from specifics and cautioned that data regarding the prevalence of addicts and related public health issues such as HIV infection rates is considered very sensitive by the IRIG. End summary.

¶2. (C) According to a senior consultant to the Ministry of Health's Substance Abuse Prevention and Treatment Office, contrary to conventional wisdom, illegal drug use in Iran has recently started to decline. The doctor, who is also an associate professor at Zanzan University Medical School, attributed the decline to government-funded programs designed to reduce demand. The government, he said, began shifting away from an exclusive focus on punishing traffickers and users and began emphasizing demand reduction in 2007; in his opinion, those efforts are showing promise and will become increasingly effective over the course of the next three to four years. He also noted that the government has recently invested heavily in border control and predicted that as a result, this year they would be able to more effectively stem the tide of drugs entering Iran through its eastern border with Afghanistan and Pakistan.

¶3. (C) The doctor said that opium remains the most popular drug in Iran and estimated that there are about twice as many opium users as there are heroin users, avoiding the use of specific numbers. He also noted that synthetic drugs, such as methamphetamines and ecstasy, are quite popular but are still mostly confined to urban areas. The doctor observed that the biggest challenges to addressing illegal drug use in Iran are countering the "supporting culture" that allows opium use to

remain socially acceptable and the pervasive use of nicotine from a very early age. He said that while heroin usage is increasingly stigmatized in Iran society, opium and synthetic drugs are considered "clean drugs" by many. The doctor believes that the ban on the sale of tobacco products to people under 18 enacted last year and the prohibition of sheesha in coffee shops are positive steps. Enforcement of the new rules is not 100 percent yet, but he described a noticeable difference from one year ago, and predicted this effort will eventually help bring down illicit drug use in Iran since tobacco use is typically a precursor to narcotics usage.

14. (C) The doctor said that the most effective treatment and demand reduction programs in Iran are based on programs developed by U.S.'s National Institute on Drug Abuse (NIDA) and are available for free through the internet. (Note: NIDA is part of the National Institutes of Health.) He said the programs are adapted to make them "culturally appropriate" for Iran (i.e. removing references to alcohol and adjusting references to sexual relationships). The doctor spoke highly of NIDA and said he has met NIDA officials at international conferences and has "stayed in touch" with some of them. (Note: He was in Dubai to apply for a visa to attend a NIDA International Forum conference in Nevada this June. He planned to discuss collaboration with his international counterparts at the conference.) He also cited Australia as a source for materials and programs that have been successfully adapted with for use in Iran.

15. (C) The doctor noted that the UNODC office in Tehran has an excellent reputation and a solid working relationship with IRIG officials responsible for counter-narcotics efforts. In response to a question about potential avenues for increased cooperation with the United States or the broader international

DUBAI 00000169 002.2 OF 002

community, he suggested that linkages between universities in the United States and in Iran would be the most effective and least sensitive way to move forward. He indicated that medical schools and universities would welcome collaborative relationships that helped them better address treatment needs for drug users as well as demand reduction initiatives. He also said that an opportunity to expand on the informal relationship with NIDA personnel, through the organization of a workshop perhaps, would be a logical next step. (Note: Substance abuse treatment was the theme of a successful International Visitor program for Iranians in 2007. Another was planned earlier this year but did not occur after the Iranian participants declined to travel. End Note.)

16. (C) Near the end of the conversation, the doctor admitted candidly that he was nervous about meeting with IRPO personnel because certain information about drug use and HIV prevalence rates in Iran is considered "sensitive" by the government. Nevertheless, he said that working level officials at the Ministry of Health are aware of his contact with NIDA and support his work. He said that while he did not need official permission to attend the NIDA conference, he knew to keep his government colleagues aware of his activities to prevent from arousing suspicion.

17. (C) Comment: Though interdiction and border control efforts are increasingly discussed as possible avenues for cooperation between Iran and the US, according to this source, professional linkages in the treatment and demand reduction fields might also be welcome. Indeed, Iranian IVLP alumni from the 2007 Substance Abuse IVLP exchange have developed and sustained collaborative relations with American counterparts they met during their visit

to the US. This doctor, who appears to play a leading role in developing and implementing Iran's strategy to combat domestic drug use, paints a more positive picture of current usage and addiction rates than is commonly understood outside of Iran. While he did not seem to be intentionally understating the magnitude of the problem, he was clearly mindful of governmental sensitivity about the issue and steered conversation away from specifics about trafficking patterns or government interdiction efforts. End comment.

ASGARD